

## **OBESITY PREVENTION PROGRAM**

Arizona Department of Health Services

***Jr. High and High School Workgroup***

*June 29, 2004*

### **Attendance – 22 People**

#### **Welcome by ADHS**

The purpose of this second workgroup meeting was to build on previous work by adding strategies, identifying criteria, and selecting strategies by a dot selection process. We reviewed the program's vision, mission and goals as well as previously determined group scope of work, ground rules, plan elements and timelines (all of which can be found in May's workgroup summary).

We were hoping to announce the members of the Obesity Prevention Program Advisory Team, however were not able to do so. While we appreciate the volunteers who did come forward, we are in need of some more diversity in our group; therefore we are still looking for more volunteers to serve our program in this capacity. If you are interested, please contact your staff liaison. When we have a slate of candidates, we will need to present them to our Director, Cathy Eden, for approval.

The staff liaison identified some elements that are important to keep in mind as we move through the process of writing the comprehensive state plan including the Social Ecological Model, Social Marketing, Centers for Disease Control and Prevention criteria for the grant and the concept of a state plan vs. a state health department plan.

All workgroup participants received a handout from the Washington State plan that outlines the Social Ecological Model. The model includes five spheres of influence that in turn affect each other. They include individual, interpersonal, institutional/organizational, community and public policy. Interventions should be based on this model, which focuses on the behavior choices of each individual as well as situations/factors within each sphere that can influence that behavior. Rather than focusing on personal behavior change interventions with groups or individuals, public health problems must be approached at multiple levels, stressing interaction and integration of factors within and across levels. ***If you did not attend the workgroup, you can get the handout at the next meeting.***

We also wanted to introduce the idea of social marketing to the workgroups. Social marketing is the application of commercial marketing concepts to the planning and implementation of programs intended to influence the voluntary behavior change of a target audience. Social marketing planning can be used to address health issues at all levels of the social-ecological model. Rather than dictating the way that information is being conveyed from the "top down", public health is using social marketing to listen to the needs and desires of the target audiences themselves and building the programs from there.

All workgroup participants also received a handout on the criteria outlined by the Centers for Disease Control and Prevention for the grant. ***You can view this separately online along with the summaries.*** These are things we have to keep in mind while moving forward with the plan.

Lastly, we wanted to re-emphasize how important it is to have buy-in from workgroup participants and local grassroots leaders. A state plan requires some of the planning and work to come from the state agency, but the bulk of the work is at the local level. It is therefore essential that we have local stakeholders who support this endeavor beyond the workgroup meetings.

### **Identified strategies**

The workgroups reviewed the strategies from the last meeting and then did some more strategizing based on the CDC criteria that were posted for consideration. At the end of the session, the group did a selection process to select the strategies they would like to have included in the plan.

**There was no limit on the number of BLUE dots they could use, however each participant could use one dot per strategy if they liked it but not more than one dot per strategy. For round two, participants were give only two RED dots to vote for the two most important strategies.**

**The strategies are listed in order of number of votes.**

1. Bring back Home Economics in the school curriculum that includes life skills, nutrition, food preparation and self-esteem. **5 Red 15 Blue**
2. Practical application in Math & Science – portion control – caloric problem solving. **5 Red 6 Blue**
3. Need one umbrella organization dealing with obesity, specifically in Arizona. **3 Red 10 Blue**
4. Mandate that every school district use the CDC School Health Index and fund a coordinator. **3 Red 9 Blue**
5. Change PE to PA and incorporate all activities into curriculum, such as skating, handball, yoga, walking, racquetball, golf etc. **3 Red 7 Blue**
6. Require students to have 4 years of Physical Education (Wellness) in High School. **2 Red 13 Blue**
7. Change state standards for all curriculum areas (subjects) to include healthy lifestyle content e.g. calculate caloric content & energy expenditure in math class/look at social costs of obesity in social studies. **2 Red 12 Blue**
8. Create repetitive, good, solid message that will transcend all advertising / p.r. efforts and hammer home the message that being healthy is attractive / “sexy”. **2 Red 10 Blue**
9. Educate children on making healthy choices ... Nutritional value for menu choices at cafeteria. **2 Red 7 Blue**

10. Connect healthy messages to something they already like:  
NASCAR, X-games, BMX, Tony Hawke (skater), AZ/local team sports. **2 Red 7 Blue**
11. Involve youth by: educating, involving, and developing advocates. **2 Red 5 Blue**
12. Increase opportunities for physical activity before/after school - e.g. intramurals **1 Red 7 Blue**
13. Provide money to schools for lunch time/ after school programming to include physical activity and nutrition. This can be peer driven (mentor). **1 Red 6 Blue**
14. Analyze the NSLP and create labels for school lunches to help create informed choices. **1 Red 5 Blue**
15. Create positive peer mentor programs in high school PE classes. **1 Red 5 Blue**
16. Harness kids natural rebellion through media literacy training to get them knowledgeable about / angry at media manipulation and decide to change their media diet/habits. **1 Red 4 Blue**
17. Use School property after school hours for physical activity and healthy eating activities/interventions. **1 Red 3 Blue**
18. Limit unhealthy food choices in school .... Vending, fund raising etc. **1 Red 2 Blue**
19. Petition USDA/ADE to define healthy food. **0 Red 9 Blue**
20. Promote volunteerism/community activism in before – after school activities. **0 Red 7 Blue**
21. Information to children about how to make informed, individual decisions in spite of peer pressure influences. Use peers to carry the healthy messages. **0 Red 6 Blue**
22. Assess NSLP for nutritional value – do we want it? **0 Red 5 Blue**
23. Use their interest in body image to “sell” information on Physical activity and nutrition – e.g. have healthy kids as the model, show overweight kids being active, etc. Market healthy lifestyles to non-overweight kids also. **0 Red 4 Blue**
24. Use school property for Physical Fitness Trails and other marked distance activities. **0 Red 3 Blue**
25. Portion control – (re) teaching to listen to hunger, satiety cues. **0 Red 3 Blue**
26. Train PE teachers/coaches to be PA trainers. **0 Red 3 Blue**
27. Campaign to get computers and T.V.’s out of children’s bedroom. **0 Red 3 Blue**
28. Choice of type PE/PA, instructors need to be qualified to teach choices of physical activities. **0 Red 2 Blue**
29. Develop self-perpetuating parent/coach programs that are volunteer based. **0 Red 2 Blue**
30. 50 million kids are involved in organized youth sports e.g. soccer, football, little league etc. **0 Red 2 Blue**
  - 1) involve their national associations in wellness Initiatives
  - 2) they all serve snacks to little kids
31. IM – instant messaging. How do we curtail or incorporate physical activity?  
Scavenger hunts – GEO caching. **0 Red 2 Blue**
32. Replace sedentary time with family physical activity. **0 Red 2 Blue**
33. Encourage private sector participation with school health and nutrition programs using model guidelines for advertising, vending and revenue sharing. **0 Red 2 Blue**
34. Promote “club” sports instead of interscholastic sports and divert those funds towards P.E., electives and Nutritional education. **0 Red 2 Blue**

35. Partner with industry ... local business that can fund good nutrition programs – give back a portion to the P.E. programs. **0 Red 1 Blue**
36. Increase participation of Key Players/Buy-in at the school level (student and administration). **0 Red 1 Blue**
37. Show super-size me movie in schools. **0 Red 1 Blue**

The following received zero votes:

- Get a commitment to Healthy Choices: class, parents
- Have focus groups of students at various age levels ...
- More legislative / state funds for teacher / administrators to give time to work on changing school culture.
- Provide breast pumps & dedicated rooms for H/S girls. Promote benefits of breastfeeding.
- How to feed children (Ellen Satter approach)